

SAMPLE

Chronological Report: Football Athlete Time-Loss Injury/Illness

University of _____ Sports Medicine

Name: _____ Uniform #: _____
Date of Birth: 00/00/00 SS#: 000-00-0000 Ht: 00" Wt: 000 lbs
Report Updated: 1/05/05

Nature of Injury/Illness	Date	Missed Practices/Games	Additional Comments
L hamstring strain Gr. II	08/15/04	8 practices	Treatment: fully resolved
L thumb proximal phalanx fracture	04/12/03	0	Occurred in spring; x-rays (+), casted: fully resolved
Heat exhaustion	08/07/02	0	IV hydration
R knee MCL sprain Gr. II	10/12/01	20 practices 4 games	MRI (+) Gr. II MCL, rehab: fully resolved

Pertinent Medical History Information

Illnesses: Exercise induced asthma (albuterol inhaler)

Allergies: No known allergies

Vision: Glasses () Contact lenses (X)

Dental: Wisdom teeth removed 05/07/02

Special taping, bracing, pad requirements: none



If additional information is required, contact:
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University of _____
PO Box 0000
Anywhere, USA 00000
(000) 000-0000 (W) or (000) 000-0000 FAX
e-mail _____